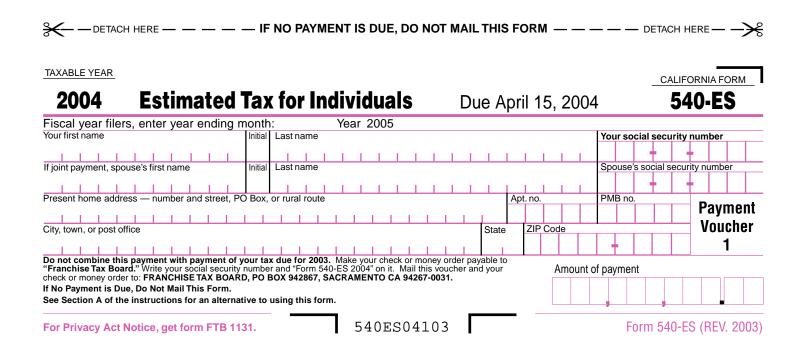
540-ES Voucher 1 at bottom of page



TAXABLE YEAR						C <i>P</i>	ALIFORNIA FORM
2004	Estimated	Tax for In	ndividuals	Due June	15, 200	4	540-ES
Fiscal year filers	s, enter year ending	month: Initial Last name	Year 2005			Your social secu	rity number
If joint payment, spor	use's first name	Initial Last name				Spouse's social s	ecurity number
Present home addre	ess — number and street, F	PO Box, or rural route	<u> </u>	Apt. no		PMB no.	Poumont
City, town, or post off	fice			State ZIF	Code		Payment Voucher
Do not combine this "Franchise Tax Boar	s payment with payment of rd." Write your social security	your tax due for 200	03. Make your check or mon	ey order payable to	Amount o	f payment	2
check or money order If No Payment is Due	r to: FRANCHISE TAX BOAF e, Do Not Mail This Form. e instructions for an alterna	RD, PO BOX 942867,	SACRAMENTO CA 94267-		7 tillodill o	- Jaymon	
	Notice, get form FTB 1		540ES041	03		Form 54	0-ES (REV. 2003
DETACH	H HERE — — — —	— IF NO PAYI	MENT IS DUE, DO N	OT MAIL THIS FOR	M ——-		
2004	Estimated	Tax for li	ndividuals	Due Sept.	15 200		540-ES
Fiscal year filers	s, enter year ending	month:	Year 2005	Вио Сори	10, 200		
Your first name		Initial Last name				Your social secu	rity number
If joint payment, spor	use's first name	Initial Last name				Spouse's social s	ecurity number
Present home addre	ess — number and street, F	PO Box, or rural route	<u> </u>	Apt. no		PMB no.	Davinant
City, town, or post off	fice			State ZIF	Code		Payment Voucher
"Franchise Tax Boar check or money order If No Payment is Due	s payment with payment of rd." Write your social security to: FRANCHISE TAX BOAF e, Do Not Mail This Form. e instructions for an alterna	y number and "Form 8 RD, PO BOX 942867,	540-ES 2004" on it. Mail this SACRAMENTO CA 94267-	voucher and your	Amount o	f payment	3
For Privacy Act I	Notice, get form FTB 1	131.	540ES041	03		Form 54	0-ES (REV. 2003
— DETACH	1 HERE — — — —	— IF NO PAYI	MENT IS DUE, DO N	OT MAIL THIS FOR	M — — –	— — DETAG	CH HERE— —>
TAXABLE YEAR							ALIFORNIA FORM
2004	Estimated			Due Jan.	18, 2005	5	540-ES
Fiscal year filers Your first name	s, enter year ending	month: Initial Last name	Year 2005			Your social secu	rity number
If joint payment, spor	use's first name	Initial Last name				Spouse's social s	ecurity number
Present home addre	ess — number and street, F	PO Box, or rural route	<u> </u>	Apt. no	<u> </u>	PMB no.	Payment
City, town, or post off	fice			State ZIF	P Code		Payment Voucher
"Franchise Tax Boar	payment with payment of rd." Write your social security	v number and "Form 5	540-ES 2004" on it. Mail this	voucher and vour	Amount o	f payment	4
If No Payment is Due	r to: FRANCHISE TAX BOAF e, Do Not Mail This Form. e instructions for an alterna	RD, PO BOX 942867,	SACRAMENTO CA 94267-	0031.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
For Privacy Act I	Notice, get form FTB 1	131.	540ES041	03		Form 54	0-ES (REV. 2003